| AMENDMENT TRANSMITTAL LETTER | | | Docket No.<br>UTX-10502/38 |
|---|---|---|---|
| Application No.<br>10/525,571-Conf. #4902 | Filing Date<br>February 22, 2005 | Examiner<br>R. J. Gitomer | Art Unit<br>1655 |

Applicant(s):  Pudur Jagadeeswaran

Invention:  SCREENING METHODS USING ZEBRAFISH TO IDENTIFY THROMBOTIC AND ANTI-THROMBOTIC COMPOUNDS AND GENES

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|---|---|---|---|---|---|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 20 | - 20 = | 0 | x 25.00 | 0.00 |
| Independent Claims | 8 | - 8 = | 0 | x 105.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) | | | ☐ | | |
| Other fee (please specify): | | | | | |
| **TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:** | | | | | 0.00 |

☐ Large Entity          ☒ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of $ _____ .
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of $ _____ to cover the filing fee is enclosed.

☐ Payment by credit card.  Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. ___07-1180___
as described below.  A duplicate copy of this sheet is enclosed.

  ☒ Credit any overpayment.

  ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Avery N. Goldstein, Ph.D./ _____          Dated: ____January 2, 2008____
Avery N. Goldstein, Ph.D.
Attorney/Agent Reg. No.:  39,204

GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.
2701 Troy Center Drive, Suite 330
Post Office Box 7021
Troy, Michigan  48007-7021
(248) 647-6000